

**South Carolina Department of Health and Human Services**  
**ASSESSMENT QUESTIONNAIRE FOR MEDICAID INSTITUTIONAL PROGRAMS**

County: \_\_\_\_\_ Date Request Filed: \_\_\_\_\_

Name of Institutionalized Individual: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Nursing Facility: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Address of Nursing Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Social Security Number of Spouse: \_\_\_\_\_

Address of Spouse: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address of Spouse (if different from above): \_\_\_\_\_

Telephone Number of Spouse (Home): \_\_\_\_\_ (Work) \_\_\_\_\_

I understand that the purpose of this questionnaire is to provide the Department of Health and Human Services with the information necessary to evaluate the resources (assets) owned by the above-named institutionalized individual and spouse. I agree to provide complete and accurate information.

I understand that the Department of Health and Human Services must verify any information provided about the resources owned by the above-named institutionalized individual and spouse and that such information is confidential. I hereby give the Department permission to verify without additional consent from me any information that I provide or discovered by the Department in the course of this assessment.

I understand that this is not an application for Medicaid services but an assessment of assets owned by the above-named institutionalized individual and spouse, to be used in determining the amount of countable resources to be attributed to each if an application for Medicaid is subsequently filed.

Signature of Institutionalized Individual:	Date:
Signature of Spouse:	Date:
Signature of Authorized Representative:	Date:
Address of Authorized Representative:	Telephone Number of Authorized Representative:

1. Give the following information about the institutionalized individual and the community spouse.

	Institutionalized Individual	Community Spouse
Name		
Date of Birth		
Place of Birth		
Social Security Claim Number or Railroad Retirement Number:		

2. Is the institutionalized individual named above a United States citizen? ☐ Yes ☐ No  
If no, what is the citizenship status of the institutionalized individual?

3. Is the community spouse named above a United States citizen? ☐ Yes ☐ No  
If no, what is the citizenship status of the community spouse?

4. Immediately prior to admission to the medical facility, did both spouses live together? ☐ Yes ☐ No  
If no, explain: \_\_\_\_\_

5. When were the institutionalized individual and community spouse married (month, date, and year)?  
\_\_\_\_\_ Where were they married? \_\_\_\_\_ Do they have a marriage license?  
☐ Yes ☐ No If no, explain: \_\_\_\_\_

6. Has the institutionalized individual or community spouse been married previously? ☐ Yes ☐ No  
If yes, explain when, where, and how the marital relationship terminated:  
\_\_\_\_\_  
\_\_\_\_\_

7. Is the institutionalized individual a resident of South Carolina? ☐ Yes ☐ No  
If no, what is the institutionalized individual's state of residence? \_\_\_\_\_

8. Is the community spouse a resident of South Carolina? ☐ Yes ☐ No  
If no, what is the community spouse's state of residence? \_\_\_\_\_

Please answer all of the following questions as completely and accurately as possible. If there is information that you do not have or are unsure about, please provide the name and address of someone who may be in a position to supply the required information.

9. Does the institutionalized individual or the community spouse currently have any type of bank account?  
☐ Yes ☐ No If yes, complete the following:

A.

Type of Account:	Balance: \$
Account Owner(s):	Account Number:
Name and Address of Bank:	

B.

Type of Account:	Balance: \$
Account Owner(s):	Account Number:
Name and Address of Bank:	

C.

Type of Account:	Balance: \$
Account Owner(s):	Account Number:
Name and Address of Bank:	

10. Has the institutionalized individual or community spouse had a bank account in the past 36 months that is not listed above? ☐ Yes ☐ No If yes, complete the following:

Names on Account:	Name and Address of Bank:
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11. Is the name of the institutionalized individual or community spouse listed on any other account? ☐ Yes ☐ No If yes, complete the following:

Names on Account:	Name and Address of Bank:
Why is the name of the institutionalized individual or community spouse listed on this account?	

12. Is anyone holding money or maintaining a bank account for the institutionalized individual or community spouse? ☐ Yes ☐ No If yes, complete the following:

Names on Account:	Location of the Money or Account:
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13. Does the institutionalized individual or community spouse own property, including the home, land, or other buildings? ☐ Yes ☐ No If yes, complete the following:

A.

Address/Location of Property:		Name(s) of Owner(s):
Market Value: \$	Tax Assessed Value: \$	Amount Owed on the Property: \$

B.

Address/Location of Property:		Name(s) of Owner(s):
Market Value: \$	Tax Assessed Value: \$	Amount Owed on the Property: \$

C.

Address/Location of Property:		Name(s) of Owner(s):
Market Value: \$	Tax Assessed Value: \$	Amount Owed on the Property: \$

14. Has the institutionalized individual or community spouse retained lifetime rights to any property, or has anyone given either or both of them lifetime rights to any property? ☐ Yes ☐ No If yes, complete the following:

Address/Location of Property:	In whose name(s) is the property listed?
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15. Does the institutionalized individual or community spouse have an interest in estate property?  
☐ Yes ☐ No If yes, please explain:

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Has the estate been through Probate? ☐ Yes ☐ No

16. Does the institutionalized individual or community spouse own life or burial insurance policies? (Include those purchased by other people for the institutionalized spouse and/or community spouse.)  
☐ Yes ☐ No If yes, complete the following:

A.

Name of Insured:		Name of Policy Owner:	
Date Purchased:	Policy Number:	Face Value: \$	Cash Value: \$
Name and Address of Insurance Company:			

B.

Name of Insured:		Name of Policy Owner:	
Date Purchased:	Policy Number:	Face Value: \$	Cash Value: \$
Name and Address of Insurance Company:			

C.

Name of Insured:		Name of Policy Owner:	
Date Purchased:	Policy Number:	Face Value: \$	Cash Value: \$
Name and Address of Insurance Company:			

17. Has the institutionalized individual or community spouse sold or transferred any property or given as a gift any cash, property, or other resources to anyone within the last 36 months? ☐ Yes ☐ No If yes, complete the following:

What was sold or transferred? <input type="checkbox"/> Cash <input type="checkbox"/> Property <input type="checkbox"/> Other Resources (specify):	
Who sold or transferred it?	To whom was it sold or transferred?
Where was it located prior to sale or transfer?	
What did the institutionalized individual or community spouse receive in exchange for the sold or transferred resource?	
Why was the resource sold or transferred?	

18. Does the institutionalized individual or community spouse own burial space(s)? ☐ Yes ☐ No  
If yes, for whose use are the space(s) designated?

Name	Relationship

19. Does the institutionalized individual or community spouse own, individually or jointly, any of the following types of assets/resources?

Asset/Resource	<input type="checkbox"/> Yes <input type="checkbox"/> No	Owner(s)	Value
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
U. S. Savings Bond(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Stocks or Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Certificates of Deposit (CD)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
IRA or Keogh Account(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Trust Fund(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Holder of a Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Promissory Note	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Business Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

If any of the above items are checked "yes," please provide documents or statements that establish ownership, value, and the location of the institution holding or managing the asset.

20. Is anyone holding cash or any other asset(s) for the institutionalized individual or community spouse?  
☐ Yes ☐ No If yes, explain:

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21. Does the institutionalized individual or community spouse own or have they owned in the last 36 months anything else of value that has not been mentioned in this questionnaire? ☐ Yes ☐ No If yes, please explain:

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